

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/599982

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		0				
5		0				
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16			1			
17				1		
18				1		
19				1		
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28				3		
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TOTAL IND.	12	↓	3	↓		↓
TOTAL DEP.	3	←	12	←		←
TOTAL CLAIMS	15		15			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						